

GENERAL FACT SHEET

BILL NUMBER

10R-308

BRIEF TITLE	APPROVAL DEADLINE	REASON
Annual Supply of Stainless Steel Repair Clamps, Bid No. 10-161		Multiple Year Contract

DETAILS

POSITIONS/RECOMMENDATIONS

Resolution to provide the Annual Supply of Stainless Steel Repair Clamps from Municipal Supply, Inc. Of Nebraska as per Bid No. 10-161, effective upon execution by both parties thru August 1, 2012, with the option for one (1) two (2) year renewal. This service will be used by the Public Works & Utilities Department for the acquisition of Stainless Steel Repair Clamps as needed. The estimated cost is \$10,436.66/ year for a total of \$20,873.32 for the two (2) year period.	Sponsor	Purchasing
	Program Departments, or Groups Affected	Public Works & Utilities - Water
	Applicants/ Proponents	Applicant: Purchasing City Department: Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommend.	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommend.	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

<p>Resolution to provide the Annual Supply of Stainless Steel Repair Clamps from Municipal Supply, Inc. Of Nebraska as per Bid No. 10-161, effective upon execution by both parties thru August 1, 2012, with the option for one (1) two (2) year renewal. This service will be used by the Public Works & Utilities Department for the acquisition of Stainless Steel Repair Clamps as needed. The estimated cost is \$10,436.66/ year for a total of \$20,873.32 for the two (2) year period.</p>	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	OPERATIONAL IMPACT ASSESSMENT	<hr/> <hr/> <hr/>
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ COST of this Ordinance/ Resolution \$
		RELATED annual operating Costs \$
		INCREASE REVENUE EXPECTED/YEAR \$
	SOURCE OF FUNDS	CITY [Approximately] \$ _____ % _____ \$ _____ % _____ \$ _____ % _____ NON CITY [Approximately] \$ _____ % _____ \$ _____ % _____ \$ _____ % _____
BENEFIT COST <input type="checkbox"/> Front Foot Assessment Average <input type="checkbox"/> Square Foot \$ _____ \$ _____		

APPLICABLE DATES:

FACT SHEET PREPARED BY: Robert Walla

REVIEW BY:

REFERENCE NUMBER